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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
	ASHION CLOTHING LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	•			
riease return an correspo	matter since concerning this matter	to the following.			
	JAVIER E GUZMAN VE	LASCO			
		Name of Person			
	DIPAOS FASHION CLO	THING LLC			
		Firm/Company			
	19370 COLLINS AVE, A	Pf 1014			
		Address			
	SUNNY ISLES BEACH.	FL 33160			
		City/State and Zip Code			
	ustuempresa@gmail.com				
	E-mail address:	to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
JAVIER E GUZMAN VELASCO		786 3400372 at ()			
Name c	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIPAOS FASHION CLOTHING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/16/2021 Florida document number 1.21000451863 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAOLIS VELASQUEZ SALAZAF	19370 COLLINS AVE, APT 1014	■Add
		SUNNY ISLES BEACH, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			Change
NA	NA	NA	□Add
			□Remove
			□ Change
NA -	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			☐ Change
NA	NA	NA	□Add
			□Remove
			□Change

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	N/ A			
Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not b	to 605,0207 (be listed as t
the record specifies a delayed ef The 90th day after the record		ot an effective time,	at 12:01 a.m. on the	earlier of:
Dated OCTOBER 25TH	. 2021	<u> </u>		
Sion	Javier (JUZMAN orized representative of a	nember	_
		oraca representative of a f	nemee	
JAVIER E GUZMAN VEL	ASCO			